N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D NOV 21 1938

Do not use this space.

34693

3

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 4029
(No. K. C. Power & Light Co. Bldg 1330 Baltimore St. K.C. Mo. Ward)

414

2. FULL NAME Joseph Cornelius Caulfield
(a) Residence, No. 5700 Michigan St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olga Louise Caulfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1895

7. AGE YEARS 42 MONTHS 11 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elec. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Light & Power Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herndon Co. Iowa 5

FATHER
13. NAME John F. Caulfield 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Sara Ank
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Olga Louise Caulfield 5700 Michigan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 10/17/38 19

19. UNDERTAKER (ADDRESS) SHEEHAN FUNERAL HOME 4516 Troost

20. FILED Oct 16 1938 M. M. Crown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-38, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1934, to Sept 1938
I last saw him alive on Sept 15, 1938. Death is said to have occurred on the date stated above, at 4/02 P.M.
The principal cause of death and related causes of importance were as follows:

Heart disease - Chronic Myocarditis with angina pectoris - 94a

Date of onset

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? x Was there an autopsy? x

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature], M. D.
(Address) 1003 Mercy Bldg Kansas City Mo